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Medicare benefits in a skilled nursing facility

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Medicare benefits in a skilled nursing facility

Sometimes patients no longer need all the services that hospitals provide, but still need daily skilled nursing or rehabilitation services as inpatients. In these cases, the doctor may transfer a patient from the hospital to a skilled nursing facility.

This is a specially qualified facility which is staffed and equipped to furnish skilled nursing care, rehabilitation services, and other related health services. Medicare's hospital insurance covers this kind of post-hospital care in a skilled nursing facility that participates in Medicare. Participating skilled nursing facilities are required to meet certain health, safety, and professional standards. They also must have and adhere to written policies regarding the rights of patients.

When hospital insurance can pay

Extended care benefits can be paid when *all* of the following five conditions are met: (1) you have been in a hospital at least 3 days in a row (not counting the day of discharge) before your transfer to a participating skilled nursing facility, (2) you are transferred to the skilled nursing facility because you require further care for a condition which was treated in the hospital, (3) you are admitted to a facility within a short time (generally within 14 days) after you leave the hospital, (4) a doctor certifies that you need, and you continue to receive, skilled nursing or skilled rehabilitation services on a daily basis, and (5) the facility's Utilization Review Committee or the Professional Standards Review Organization in the area does not disapprove your stay.

When hospital insurance cannot pay

Extended care benefits can be paid only for people who can be discharged from a hospital, but who still need daily skilled nursing or rehabilitation services as an inpatient. If a doctor places you in a skilled nursing facility when the care you need does not include daily skilled nursing or rehabilitation services or the kind of care you need could be provided elsewhere, Medicare's hospital insurance cannot pay for your care.

Medicare cannot pay for custodial care in a skilled nursing facility or elsewhere. Care is considered custodial when a patient primarily needs personal services that could be provided by persons without professional skills or technical training. For example, if a patient's main need is help in walking, getting in and out of bed, bathing, dressing, eating, and taking medicine, he or she would be receiving custodial care and Medicare could not pay for the stay.

To help Medicare decide whether patients require daily skilled nursing or rehabilitation services, each skilled nursing facility has a Utilization Review Committee made up of doctors who review care received by the Medicare patients of other doctors. In some parts of the country, this review is carried out by Professional Standards Review Organizations made up of local doctors. If either of these organizations finds that daily inpatient skilled nursing or rehabilitation services are not medically necessary, Medicare hospital insurance cannot pay for that part of the skilled nursing facility stay determined to be unnecessary.

How long can hospital insurance pay

When you are eligible for extended care benefits, hospital insurance can help pay for your care for up to a maximum of 100 days in each benefit period—but only if you need this kind of care that long. Hospital insurance pays all of the costs of covered services for the first 20 days and all but \$11.50 per day for up to 80 more days.

If you leave a participating skilled nursing facility and are readmitted within 14 days, you do not have to have a new 3-day stay in the hospital for your care to be covered. If you have some of your 100 days left and you need daily skilled nursing or rehabilitation services for further treatment of a condition treated during your previous stay in the facility, your care can be covered.

Hospital insurance pays the participating skilled nursing facility for all covered services provided to you. The skilled nursing facility cannot charge you for any services that Medicare will cover.

What hospital insurance covers

Hospital insurance pays for most services provided by the skilled nursing facility to treat your medical condition.

Covered services include:

- ▶ Semiprivate room (2-4 beds) and all meals including special diets;
- ▶ Regular nursing services;
- ▶ Rehabilitation services such as physical, occupational and speech therapy;
- ▶ Drugs furnished by the skilled nursing facility during your stay;
- ▶ Medical supplies such as splints and casts;
- ▶ Use of appliances and equipment furnished by the facility such as a wheelchair, crutches, or braces.

What hospital insurance does not cover

- ▶ Personal comfort or convenience items such as a telephone, radio, or television furnished at your request;
- ▶ Private duty nurses;
- ▶ Any extra charge for a private room, unless ordered for medical reasons by your doctor.

What medical insurance covers

During a stay in a skilled nursing facility, medical insurance can help pay some of your expenses that are not covered by hospital insurance. Medical insurance covers your doctor's visits. If the skilled nursing facility does not provide laboratory tests, lab tests your doctor orders for you can be paid when they are done by an independent laboratory certified by Medicare. Laboratory tests which are not included among the skilled nursing facility's services can be covered as part of your doctor's services when they are included on his bill.

These services are paid under the basic medical insurance rule. After you have \$60 in "reasonable charges" for covered services (the \$60 annual medical insurance deductible), medical insurance pays 80 percent of the reasonable charges for all additional covered services during the rest of the calendar year.

For more information

More detailed information about Medicare can be found in *Your Medicare Handbook*. If you don't have a handbook, you can get one at any social security office. The people there can also answer any questions you may have about Medicare.

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